LAVENDER LAMPS
NATIONAL LESBIAN & GAY NURSES ASSOC.

THE LAVENDER LAMP

Volume 5, No. 1 Summer 1998

National Lesbian and Gay Nurses Assoc.

Research Study

We have almost reached our quota, enough completed studies for a pattern to emerge. Some of you joining Lavender Lamps for the first time and may not be aware, we are doing a study of our professional experiences. We ask all members to answer the questionnaire, just tell us your story. Our shared experiences can provide a understanding and insights. This will be the last opportunity. We will begin , for those of you that have given permission, sharing some of the stories in the next issue. While at a convention, a nurse questioned if there really was a different experience being a L/G nurse. Is there? Only you can help share light on this topic with your narratives. Thanks, to those of you that have participated, please share this with others as well.

Nursing Diagnosis

Should there be a nursing diagnosis designed to recognize and facilitate the experience of being different. Help us to formulate a plan to guide nurses.

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Why Hodge Podge ?

It has been a year since the last Lavender Lamps, since then I have quit my job, become more involved in Holistic Nursing and feel wonderful. I have discovered that I have the power , my license is not an institutional license. My nursing skills are part of a great nursing tradition. Chaos, for me, has lead to opportunity.

I hope you can join us this year. The Lavender Lamps have been a continual presence, phone calls offering ideas and energy, and meetings where membership steadily increases. This promises to be a year filled with creative spirits- perhaps you have an idea to share. Join us in our growth.

This an election year has already started to turn ugly as homophobia and racism are used to manipulate and bait hatred and anger. The Religious Right has turned into a political machine. Confrontation does not always have predictable results, South Africa now leads the way in equal rights. Perhaps confrontation will bring individual inequities to the forefront.

One thing for sure, it's going to get ugly, and it might not feel good, but you are not alone, ever! Be good to yourself, take the time to be mindful of your good fortunes. Join groups, sign up for classes, take a walk. This is our opportunity to listen, understand, and grow.

Be sure to pay attention to the issues and vote. Your one voice can make a difference.

Have a great summer,

Marge

Caps and Pins on Parade

We are planning a float for next year's Stonewall Celebration with lots of Nursing Caps and Pins surrounded by Rainbow flags. Join us in the design send us a bit of your history. See inside for more details.

Membership Drive

In order to increase our viability and commitment, we must expand our membership. The goal for this year is 500 members. Our success depends on you. Let's go for it! Are you a member, do you know someone that should be a member? Yes, it is appropriate to recruit. Strength in numbers.

Fire Island Splash

The Lavender Lamps love to get together and have fun. This year, we are planning to get together at Cherry Grove, Fire Island for fun and the sun or for those of you that aren't sun worshipers, a walk to the National Forest. Join us at 1 o'clock near the Ice Palace Pool or look for our banner on the beach.

For those who have not been there before, the boat ride to the island is part of the fun and come rain or shine there is lots to do. Bring food and soda from home or Sayville, there are supermarkets, we'll be the entertainment!

Remember Fire Island, Cherry Grove, 1 o'clock, Ice Palace Pool. The date? July 18th, 1998. Rain or shine.

American Nurses Association

The Gay and Lesbian Medical Association, now in it's 17th year, has begun publishing a medical journal presenting research,book reviews, position papers and discussions of public issues. They have yearly conferences and play an active role in the integration of G&L inclusion in medical curriculum, psychiatric modalities and are included in AMA position statement discussions. The GLMA present a strong voice and mades a difference. We also must step into the forefront and establish a visibility andrecognition.

The ANA is a major voice in health care. ANA President Beverly Malone PhD RN, FAAN was a member of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, as well as an appointed attendee at the World Health Assembly. Human right debates frequently quote ANA position statements as ethical standard bearers. Statements concerning a nurses involvement in capitol punishment or active euthanasia are clearly defined.

The ANA, in some respects, has been the sleeping giant, but as chaos and restructuring threatened nursing, we looked for leadership and ANA responded. A nursing tech is not a Registered Nurse and cannot function as one. The new grad hired as a nurses aid must realize that she will be held accountable to her highest license. The title of Registered Nurse is to be legislatively protected. Titles that blur roles and responsibilities are not acceptable. The number of med. errors, skill mix and nurse patient ratios are being closely monitored. There is no weakness in ANA leadership and neither should we be.

The Lavender Lamps must create a unified presence to gain inclusion in our governing body. Discrimination cannot be tolerated, a gay or lesbian patient who is afraid to come out to a health core provider is not getting adequate care. At the same time nursing textbooks and nursing school curriculums that refer to us only in the context of STD's don't serve us well either. Stress and distress from remaining in the closet can be converted into pathology. There is no doubt, there are those in leadership positions that are lesbian or gay, but they need our support in order to become models. We will remain invisible as long as we allow it. Many of you have a long tradition as ANA members. In fact, there was a caucus held at the ANA Convention in 1994. We need to do it again. Help us to formulate position statements and recommendations so that we might gain parity as an organization. Let us begin to plan now for the ANA Convention in the year 2000.

NYSNA - Rochester
The tape

My plea to you to increase involvement in the ANA , reflects the change in me. Politics has never been my forte but looking from the bottom up doesn't seem to be working either. Last October, with the hope of gaining recognition for the Lavender Lamps, I attended the NYSNA convention. On my way there,I began to feel apprehensive and fearful.. Coming out is always fraught with those little issues you thought were resolved and left behind. How did it matter anyway, invisibility isn't so bad. We nurses don't discriminate anyway. I began to believe there were no real issues. Fortunately, I had a tape with me that had been sent by Kathleen Nokes PhD RN, who had done a presentation for the AWHONN Convention 1996, titled "The Health Care Needs of Lesbians." What a wonderful gift it turned out to be, I was able to focus on the reality of being a lesbian. Dr. Nokes and her co-presenter Maura Ryan PhD RN presented many of our issues. Here is a brief outline:

Fear that disclosure will compromise care
Confidentiality issues- in the chart everyone knows
Inadequate history- STD, pregnancy, difficulties
Battery in relationship
Preventative care- routine breast exams, pelvic exams often neglected among lesbians, routine for heterosexuals.
Isolation- rejection and castigation by family, family secret, disapproval by straight friends
Psychological support- alcoholism, suicide attempts
Legal - would a child be removed if the client was known to be a lesbian, divorce issues. Would being a lesbian mean you might be jailed or lose job.
Will your lover be allowed to participate in your care
Will this place your lover in jeopardy
Physician referral to GMHC does not mean adequate care is being provided, politically correct may trivialize actual issues
Children may experience homophobia and be castigated
Coming out issues- do they need help
Difficulties in being different
Homophobia of provider and staff
Alternative care- fearful of physicians Gyn. noted to have the highest homophobic attitudes (GLMA study 1994).

The magic moment came near the end of the conference when Dr. Nokes inadvertently disclosed, then realized what had happened. "Leave the tape on" she stated. Fantastic! A wonderful shift occurred. The questions from the audience became more personal and her answers refreshingly honest. The warmth and confidence in her voice reflected the tremendous burden lifted. I continued my journey with a renewed sense of purpose. Thank you Kathleen Nokes, you are my role model.

NYSNA- The Convention

My name tag read "The National Lesbian and Gay Nurses" and unlike my previous experience two years ago at the ANA conference no one stepped away. Instead, professors spoke proudly about lesbian colleges that were doing research or asked how they might reach out to students. They spoke of posting gay friendly information to make a safe space. This contrasts to comments made by students at our meetings and to a research study that had been done several years ago that cited a high degree of homophobia in BSN programs. I felt a sincere concern and enlightenment. One professor asked me how I had personally experienced homophobia. Just that morning, I had read about a corporation that was discriminating against gays and lesbians, how do you translate that feeling.

A bulletin board where messages could be posted provided me an opportunity to get the word out. I stood back and watched as someone would break away from friends to get a second look. Later, someone would say, "Oh, yes, I've heard of the group" and then tell a story. Thank you for the tape.

Beverly Malone, PhD, RN,FAAN President ANA

Dr. Malone, ANA President gave a dynamic presentation challenging each of to "take the power." She spoke of our "powerbase relationship" of providing information to patients that keeps us ahead of everyone else and of our tradition of providing high quality patient care. "It is important that we acknowledge our power and utilize it. " We must not allow other groups to dictate priorities in patient care. She outlined the various types of power, the first being informational power and how attitudes negating the importance of off shifts observations dilute patient care. The power of shared information. She illustrated how conflict within a unit can take on it's own life and create entertainment and separation. We need to remember our shared goals, respect each other and remember to say "thank you." Legitimate power is our license as distinguished by the Nurse Practice Act, not aninstitutional license. Dr. Malone stressed our commitment to advocacy and saidthat burned out nurses may have not had the power to begin with. Finally, she reminded every one to take care of themselves.

As a black woman, representing a largely female organization, women usually equated with powerless acquiesce, she illustrates the potential of taking the power. ANA President, Beverly Malone, PhD, RN, FAAN is a member of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. She recently testified at a joint federal-state hearing on managed care reform and liability legislation where she presented issues from "Managed Care: Nursing's Blueprint for Action", developed by the ANA's Managed Care Task Force. We commend her for facing the challenge / taking the power and ANA for creating the force behind her. Legitimate and informational power, with a touch of humor and the caring that exemplifes nursing.

Madeleine Leininger, PhD, RN, FAAN

Dr. Leininger, who developed the "Theory of Culture Care Diversity and Universality", was also a keynote speaker. She commented on NYSNA 's being the largest body in ANA having both the largest immigrant group and with the greatest diversity. The knowledge of Transculturalism translates into power, she states, as knowledge provides greater ability to care and with caring there is curing. There is more diversity than universality. Unless we are mindful of this difference cultural pain is experienced and it is disrespectful not to acknowledge a client's traditions. Alternative care, she questions, is alternative to what. Keep in mind the consumer is not profession driven. Misdiagnosis may occur especially in psychiatric care where the diagnosis of depression or schizophrenic may reflect our cultural biases. Repatterning and restructuring are necessary for change, she suggests, our future is in a seamless world.

After her presentation, I introduced myself and gave her a LL newsletter. She acknowledged the group and asked if we were aware of the work that had been done concerning gays and lesbians. I, being completely star struck, assured her that I had, and thanked her for her support. Dear reader, I am having difficulty finding these studies. Please help, and I will include this information in the next newsletter, for all our readers.

NYSNA - Poster Presentation

"Minority student experiences learning in a traditional academnic setting," submitted by Susanne S. Dickerson DNS, RN, Marilyn Johnson PhD RN, and Mary Anne Neary EdD RN at SUNY at Buffalo, School of Nursing.

In the 1990's, there was a recruitment of Native American RN'S, towards advanced nursing practice. This study was designed to determine their learning experiences by determining common meaning. Findings: the students viewed the university environments as rigid, requiring evaluation and watching. Difficulty was experienced forming relationships with professors; requiring conformity leaving them feeling vulnerable. The researchers encouraged an evaluation of rigid standards. They suggested greater support and dialogue of cultural values. (This is a condensation of their very excellent study.)

ANA Public Policy and Legislative Conference, Washington DC

ANA sponsered a conference that addressed current health care policies. One of the morning sessions was "Minority Health: Addressing Diversity. Health status and access to health care are profoundly affected by racial, ethical, and cultural differences." Presentations were made by three of the nursing minority organizations. Millicent Gorham, MBA, Executive Director, National Black Nurses Association discussed the ongoing struggle to control hypertension and stroke prevention. F. Louise Kiger, MN, RN, Director, Chief Nurse, and Women's Health Coordinator, Indian Health Service, stressed poor access to health care and alcoholism as problems. Antonia Villarruel, PhD, RN, President, National Association of Hispanic Nurses addressed diabetes as the number one health difficulty in the Hispanic Community. I introduced myself, from a back seat in the audience, as being with the National Lesbian and Gay Nurses Association. I told them, I supported their efforts; networking is very important. One particular problem that was identified in our community, was the frequent calls we get for G/L nurses. Callers stated they felt very uncomfortable with their health care aids or providers invading the privacy of their lives. No one picked up on it, I guess it's hard to understand if you never had to pretend.

Domestic Partners make a Difference

Tom Smith and I, were photographed last year for an article on men and women in uniform for "Metrosource," a gay guide to metropolitan New York, a neat magazine. Tom who is active in or started many G/Lgroups has been the voice of wisdom for LL. from the beginning. That day, we spoke about domestic partnerships benefits from an employer. He advised me that in most instances, one person had made a difference. So, I tried. Armed with information from Jeffrey Zurlinden's book Lesbian and Gay Nurses and articles to show that domestic partnership benefits were a barometer for g/l patients seeking care also. I think the hospital was just waiting to be asked. We got it. I mention this now because, in a recent conversation with Jeffrey, he spoke of the void he experienced after writing his book. Jeffrey is a frequent contributor to the "Nursing Spectrum", he needs to know, he made a difference. Also, much thanks to Tom Smith, you remain my champion.

The Role of STD Testing & Treatment in HIV Prevention

By Dr. Judy Wasserheit, Director, Division of STD Prevention and Control, Centers for Disease Control and Prevention (CDC)

There is compelling evidence that testing and treatment of sexually transmitted diseases (STDs) can be an effective tool in preventing the spread of HIV. Consequently, HIV programs should develop strong linkages with STD testing and treatment programs. This is especially important for programs targeting sexually active young women, who represent one of the fastest growing populations with AIDS.

The risk of HIV transmission is increased in the presence of STDs that cause genital ulcers such as with syphilis, herpes, or chancroid as well as other STDs (e.g., chlamydia, gonorrhea, or trichomoniasis). Frequently these STDs have no symptoms, especially in women.

What is the link between HIV and other STDs?

In the United States, the spread of HIV infection among women through sexual transmission has followed in the footsteps of other STD epidemics. For example, the geographic distribution of heterosexual HIV transmission in the South closely parallels that of syphilis. Most of the health districts with the highest rates of syphilis and gonorrhea are concentrated in the South, where HIV prevalence among childbearing women also is highest.

Individuals who are infected with STDs are three to five times more likely than non-infected individuals to acquire HIV if exposed to the virus through sexual contact. In addition, if an HIV-infected individual also is infected with another STD, that person is three to five times more likely than other HIV-infected persons to transmit HIV through sexual contact (Wasserheit, 1992).

Is there biological evidence that STDs facilitate HIV infection?

There is substantial biological evidence demonstrating that the presence of other STDs increases the likelihood of both acquiring and transmitting HIV:

Increased susceptibility. In women who are infected with other STDs, cervical secretions contain an increased number of the types of cells that are targeted by HIV (e.g., CD4+ cells). Researchers believe that an increased number of these cells probably increase a woman's likelihood of becoming infected if she is exposed to HIV; and

Increased infectiousness. Studies have shown that when HIV-infected individuals are also infected with other STDs, they are more likely to transmit HIV to their sexual partners. In studies conducted in Africa, individuals who were infected with both gonorrhea and HIV were more than twice as likely to have HIV genetic material detectable in their genital secretions than were those who were infected only with HIV. Moreover, the average concentration of HIV genetic material in semen is dramatically higher in men who are infected with both gonorrhea and HIV than in men infected only with HIV.

How can STD treatment slow the spread of HIV infection?

New evidence from intervention studies indicates that detecting and treating STDs can substantially reduce HIV transmission at the individual and community levels:

STD treatment reduces an individual's ability to transmit HIV. As stated earlier, studies have shown that treating STDs in HIV-infected individuals decreases both the amount of HIV they shed and how often they shed the virus; and

STD treatment reduces the spread of HIV infection in communities. A landmark community-level, randomized trial in a rural area of Tanzania demonstrated a 42 percent decrease in new, heterosexually transmitted HIV infections in communities with improved treatment of people with symptomatic STDs, as compared to communities with minimal STD services, where incidence remained about the same (Grosskurth et al., 1995). An ongoing randomized trial in Uganda is exploring alternative approaches, including treatment of STDs that do not have symptoms, to further examine the impact of STD treatment on HIV prevention.

What does this mean for HIV prevention programs?

Strong STD prevention, testing, and treatment can play a vital role in comprehensive programs to prevent sexual transmission of HIV. Furthermore, STD trends can offer important insights into where the HIV epidemic may grow, making STD surveillance data helpful in forecasting where HIV rates are likely to increase. Better linkages are needed between HIV and STD prevention efforts nationwide in order to control both epidemics.

To address these issues, comprehensive HIV prevention programs may develop linkages with STD programs to incorporate:

- Community-based efforts to improve STD care-seeking behavior;
- Quality on-site STD detection and treatment services at a variety of settings for HIV-infected persons, other persons at risk for HIV or other STDs and their partners;
- Improved STD treatment for sex partners of infected persons; and
- Expanded STD surveillance systems.

References

Grosskurth H. et al. 1995. "Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomized controlled trial." In: The Lancet, 346:530-36.

Institute of Medicine. The Hidden Epidemic: Confronting Sexually Transmitted Diseases. 1996. Washington, DC: National Academy Press.

Wasserheit JN. 1992. "Epidemiologic synergy: interrelationships between human immunodeficiency virus infection and other sexually transmitted diseases." Sexually Transmitted Diseases 9:61-77.

For more information, you can call:
CDC National AIDS Hotline 1-800-342-AIDS
CDC National STD Hotline 1-800-227-8922

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HIV Testing and Names Reporting

The NYS Senate and House have ratified a bill that requires a physician to provide the names of HIV + clients to the county health office who will then provide the name to the state. The county office will be required to interview the person, to request the names of sexual or IVDA contacts, and notify the contacts of potential exposure.

The problem seems to be that while NYS and Calif. are reporting huge drops in AIDS cases and deaths, no one knows the actual number of people living with HIV+ or of those being infected. Congress in 1982, passed a law requiring cases of AIDS or patients hospitalized with AIDS to be reported by providers with the name and address as well as other information. The combination drug therapies, however, have allowed clients to remain healthy with HIV+ frustrating the attempts of public health officials to map the numbers. This form of surveillance is similar to the tracking of syphilis or tuberculosis. They feel this form of tracking is necessary to improve understanding and target prevention measures. The old system ignores those recently infected in statistical analysis, of the thirty states with mandatory reporting youth comprise 1%of AIDS cases but 20% of newly acquired infections. The older population also reports a rapid rise of AIDS reflecting non protection behaviors and physician oversight.

Surveillance has other implications for people that have experienced discrimination. Communities with the highest incidence of HIV tend to be marginalized. In NYC. AIDS accounts for 40% black, 31% Hispanic, and 56%of IVDA women; predominantly from the Bronx and Brooklyn. There is the fear of criminal prosecution or the loss of individual rights. Surely, politics was a driving force as politicians responded to the Nushawn Williams case. St Louis reports a case of Darnell McGee who infected 18 women, six who have given birth to HIV- babies. McGee, who was aware of his HIV status, states he preyed on girls with low self esteems and picked them up in front of schools, liquor stores or skating rinks. Were sex education and STD prevention methods taught to these girls in school? Are there programs in place to teach these girls not to be exploited?Would these guys have changed their behavior if they knew they would have to provide their or their sex partner's name? The new law does not penalize anyone who refuses to divulge the name of sexual partners. Anomous centers will still be available, but for who and will this scew the numbers? There was also the creation of an appeals process for people who are denied health care and an expansion of health care for poor children. Prevention programs haven't worked they argue voluntary partner notification has to be tried. However,how this law will affect the patient/ physician relation ship? Will certain populations stop testing? How will you collect their data? Will survellence data translate into support, prevention, and treatment programs? Public health and elected officials must commit themselves to use the data in a responsible, trustworthy manner.

During this session of NYS legislature, there was no agreement on a bill to stiffen hate crimes, a gay rights bill that would prevent discrimination was not brought to the floor, and a bill that would govern life insurance and child custody rights for domestic partners was not addressed.

Lavender Lamps Position Statement

Members of the Lavender Lamps were asked to formulate a position regarding HIV testing and name reporting. Here's what they said---

"It is the individual's responsibility to assume everyone is HIV+. This program can lead to false safty. Who will look at this list--for what purpose?" "Any company can pay for access to computer information." "Unless there is a behavior change, the harm of such a program could be greater." "The heterosexual community will target money to affluent areas." "This information will be used for discrimination and "outing"." "This will become a regional diagnosis with the Hispanic community being disenfranchised.No one will be tested and the system will not be used properly. Right now the numbers are much higher." "Good if used properly and with partner notification."

We as a group do not support this bill. Until further safegards and considerations are put into place, we feel there will be greater harm with paranoia about testing and less early entry into treatment programs. There is concern that marginalized communities will suffer the greatest. We feel that everyone must assume responsibility for prevention and that confidential information must be protected.

NYSNA Position Statement.

NYSNA does not support mandatory HIV notification and names recording.

Needle Exchange Program

Needle exchange programs have been shown to be effective in reducing the HIV rate. Dispite evidence, President Clinton rejected federal funding of needle exchange turfing the responsibility to the states instead. IV heroin users tend to be less concerned about getting HIV but they will avail themselves to clean needles if available. This providing the health care provider a chance to answer questions, teaching how to clean the "works", how to protect yourself and others against Hep. C or HIV and how to access treatment programs.

GMHC

As survival rates increase donations to GMHC have begun to decrease at a time when there is a greater need for services. GMHC was an early supporter of HIV reporting but with an identifier, not a name, which was a point not stressed in many of the newspapers. It appeared they were not supporting the community they represented. How this will translate in financial support is yet to be seen, but their continued viability in the battle against HIV is critical

Oral Sex

The studies and recommendations are confusing. Although the risk are present they are less. Risks increase if there are sores cuts or inflammation for either of you. Newly infected individuals have a higher viral load and there is always the chance of STD transmission. Latex barriers can help to protect your immune system while your libido goes wild.

Hodge Podge View

Adoption

New Jersey now allows l/g couples to adopt children on an equal footing with married couples, the law will also apply to unmarried heterosexual couples. ACLU brought a class action suit representing a gay male couple. The Judge complimented them on the remarkable care they had provided for their two year old. He came to them at the age of three mo. drug-addicted and HIV-exposed.

Gay Marriage

From the American Psychoanalytical Association "Because marriage is a basic human right and an individual personal choice, RESOLVED, the state should not interfere with same-sex couples who choose to marry and share fully in the rights, responsibilities, and commitment of civil marriage."

This resolve was initiated by Lambda but supported by many psychoanalyst who support individual civil rights.

Hawaii and Alaska

Alaska has joined Hawaii in a ruling that declares the state cannot deny marriage to same sex couples unless it has a compelling reason. Judge Peter Michalski of the Superior Court said that "The relevant question is not whether same-sex marriage is so rooted in our traditions that it is a fundamental right, but whether the freedom to choose one's own life partner is rooted in our tradition." Similar cases were rejected in Vermont and New Your and are being appealed.

Military

Congress and the military effectually blocked the end of discrimination in the military with the disclaimer statement, accepted as a compromise by President Clinton. The Pentagon recently issued figures that show a 67%rise in the number of homosexual discharges (997 in 1997), frequently the word " Homosexual Acts " are included on discharge forms. Women who account for approx. a quarter of these discharges, represent 14% of the military. This is a Federal Law.

Congresswoman Cammermeyer

Margrethe Cammermeyer is running for the US House of Representatives from Washington State. She was the Army National Guard colonel who won reinstatement after being thrown out for being a lesbian. "As a mother of four, grandmother of five, nurse and soldier, I feel like I understand the issues facing families as they struggle to make ends meet." Barbra Streisand, Glenn Close, and Rosie O'Donnell are supporters.

Gay Sex Legal

Judge Jonathan Heher, a high court judge in South Africa ruled- Laws against gay and lesbian sex represent "a relic of intolerance and fear of what is different" "contitutionally we have reached a stage of maturity in which recognition of the dignity and innate worth of every member of society is not a matter of reluctant concession, but is one of easy acceptance."

Religion and Politics

The Southern Baptist, according to the AP stated "Homosexuality is immoral, contrary to the bible and contrary to traditional Judeo-Christian moral standards, and the open affirmation of homosexuality represents a sign of God's surrendering a society to it's perversions." This was in response to the president's signing an order prohibiting discrimination against federal employees based on sexual orientation.

Senate Majority Leader Trent Lott's recent homophobic remarks appear to reflect those of religious right leader James Dobson, who threatened to lead an effort among conservative Christian advocates to leave the Republican Party if they don't support gay civil rights opposition. To his credit, Texas Gov. George W. Bush called upon convention members to treat Log Cabin members with respect. The anti-gay rhetoric frequently was noted to have religious jargon. The darling of the Republicans seems to be Reggie White, a black football hero and ordained minister who feels that homosexuality is a sin.

The Philadelphia Archbishop expressed opposition to bills extending benifits to g/l/ city employees, and Cardinal O'Connor, from the pulpit, chastized Mayor Giuliani's plan for city domestic partnership. "It is imperative, in my judgment that no law be passed contrary to natural moral law and Western tradition..."

Books to read : Stealing Jesus: How Fundamentalism Betrays Christianity by Bruce Bawer , Crown Publishers (transformation into a theocratic police state, ruled by fundamentalist), and The Anatomy of Prejudices by Elizabeth Young-Bruehl, Harvard University Press. (A psychological and historical study of anti-Semitism, racism, sexism, and homophobia.)

Hate Crimes

Hate crimes are up against Jews and Asians throughout NYS.. In NYC bias crimes increased against blacks, gays, and Hispanics. There was an increase noted in bias crimes against gays about the time ELLEN came-out., and as more youth felt supported coming-out, the number of anti-gay crimes increased in colleges and schools.

HIV and the ADA

Lambda successfully argued a case in The United States Supreme Court in a ruling that the Americans with Disabilities Act prohibits discrimination against people with HIV. Sidney Abbott's dentist refused to fill her cavity in his office, offering instead to treat her in the hospital where he felt he would have greater protection.

This introduces a new problem, the court felt it had not been presented with conclusive evidence that HIV infection presents a direct threat to health care workers to the extent they deny ordinary treatment. However, with the possibility of undiagnosed HIV+ or hepatitis being present, all patients should be receive maximal precautions. This therefore, represents an undue precaution of a discriminatory nature.

Lesbians Hear Like Men

So say researchers at the Univ. of Texas, due to differences in cochlea performance affected by a prenatal factor.

National Center for Lesbian Rights Lesbian Health Issues Newsletter. Co-Editors: Felicia Ward and Marj Plumb

The final issue of this fine newsletter has been mailed out after four years of printing, where we will be able to communication information if not in newsletters such as this. We ask you to call NCLR and demand they fund the continuation of this important work. Health information sharing and networking is vital. (415) 392-6257.

Brief overviews from this last issue:

Seattle Commission for Sexual Minorities

Kathleen Stein, a member of this commission has been funded $20,000 to conduct training for providers and to develop community advertising targeting lesbians and focusing on well women care. E-mail: kstein@u.washington.edu for info.

LBG Youth Suicide

Mass. Dept. of Health in a survey funded by the CDC determined that LGB youth have a disproportunate. risk for neg. health outcomes and risk behaviors, inc. violence-related behaviors, suicide, sub. abuse, and sex risk behaviors. This study is from anonymous sample 9- 12 grade. Study published in the May 1998 issue of "Pediatrics" by Garofalo, et al.

Mautner Project for Lesbians with Cancer

Six new tools have been developed to promote and motivate cancer screening including a video trainer and Optimal Care Kit with model forms and other materials. For product information contact: The Mautner Project, 1707 L Street, NW, Suite 1060, Wash. DC 20036, 202-332-5536, (fax 202-265-6854,Mautner@aol.com.

Susan G Komen Breast Cancer Foundation

Created education material: "Developing Effective Cancer Education Print Materials for Lesbians" 800-462-9273.

Submissions Wanted

Warren H Pearse, MD FACOG, Editor, Women's Health Issues,409,12th Street,SW,Washington, DC 20024-2188. Publishes a bimonthly, peer-reviewed journal that is the official publication of Jacob's Institute of Women's Health and is looking for articles on lesbian health. Write for guidelines.

North Carolina L/B/T women 17-77

Liza Rankow, PA-C,MHS writes a NIH-funded research document is available on health concerns and experiences of these women. There is also focus group info available. Contact Lisa at 5931 Mazuela Drive, Oakland, CA 94611, E-mail:LRankow@aol.com

Multiple Sclerosis Research

Phyllis Marquart, MS and Louise Duval, PhD. are conducting independent research on quality of life issues for lesbians with MS and their partners. Contact: Marquart and Duval Direct Communications, PO Box 82, East Norwich, NY 11732. E-mail: MarquartPJ@aol.com

Colorectal Ca 3rd Cause of Death in Women-EAT FIBER

Lesbian Directory of Researchers

A directory of Lesbian Researchers has been compiled by Caitlin Ryan and Judy Bradford that will identify lesbian researchers on U.S. and other countries. For information about participating in the Lesbian Research Network or Directory, contact C. Ryan at basryan@cpcug.org or CaitlinON@aol.com (tel.:202-232-0188).

New Web

New web site for G/L/B/T Health Access Project. You will find abstracts, t ext, and documents. www.glbthealth.org

Lesbian Health Research- Known and Unknown

The Inst. of Med. Committee on Lesb.. Health Research Priorities, funded by the NIH and CDC and Prevention office of Research, held a workshop Oct. 1997 to determine what is known and areas for future research on health and mental health. For a copy of report: Andrea Solarz (202-334- 1446)

Women's Health Initiative

Older women 50-79 are being sought to join a national research study to determine the best courses for treatment for breast and colon cancer, heart disease and osteoporosis. Information on nutrition and the side effects of hormone replacement will also be identified. Ethnic and social minorities will be included. There are questions about sexual behavior as well. Enrollment will end soon, we must be included in this broad study. Call 1-800-54-WOMEN.

Journal of G/L Medical Association- Submissions

JGLMA Peer-reviewed, multidisciplinary journal dedicated to l/g/b/t health issues. For submissions info: Mark H. Townsend, MD,assistant Professor of Psychiatry, LSU School of Medicine, 1542 Tulane Ave., New Orleans, LA 70112.

Thanks to Lesbian Health Issues Newsletter

NYC RESEARCH

Health Care Attitudes in the Lesbian and Gay Community

The New York Academy of Medicine is conducting this study with a focus on health care in the event of a serious illness. Questions about providers, health status, end of life issues and serious illness decisions. For questions or to participate call Gary Stein 212-822-7237

Conflict resolution Study

Conducted by the NYC Dept. of Health, Office of Gay and Lesbian Health to explore issues of conflict resolution in g/l couples. Survey will help develop more approp. services. Call: Kate Strully or Jeffrey Escoffier at (212) 442-7774.

Research Needed - Funding Possible

The Gay and Lesbian Medical Association has formed a Lesbian Health Fund to support health research. The following areas breast, ovarian, and cervical cancer, effects of homophobia in health, health care access, lesbian families and lesbian youth. For info: Grace Flannery, director of LHF (415-255-4547. Deadline Oct. 1 1998.

The Book Review

Dry Bones Breath

Gay Men Creating Post-AIDS Identities and Cultures

Eric Rofes (1998) Harrington Park Press

Young gay men of today have spent their entire lives with a history and (some would say) a culture that was not originally theirs to have. It is the history of gay sex equaling AIDS, a history of at risk sex , condoms and doomsday stages of seroconversion. Dating etiquette; "Do I ask if he is negative after dinner and before we make out or do I wait for him to tell me--?

This is , the author explains, a "past protease inhibitor book" which speaks of the backlash by 1980's men living with AIDS, and those men who, by death become the creators of the AIDS quilt in the 1990's.

Mr. Rofes divides his wonderfully narrative book into three sections: In the Aftermath of Discrimination, Sex After Crisis, and HIV Work Beyond the Protease Movement. Mr. Rofes has the ability to walk you through a time that is still being played out, in much the same fashion as Randy Shilts did with And the Band Played On, but with less of the impending grief that this author felt reading Mr. Shilts's work. Eric Rofes's work speaks of things which have, some would say, started a transformation within a gay man's life, as he attempts to deconstruct the myth that AIDS organizations continue to work toward the best interest of gay men and how the aggregate group of gay men in general should re-identify themselves around AIDS as a culture.

(Reviewed by Mary Turbiak RN)

Gateways to Improving Lesbian Health and Healthcare; Opening Doors.

Christy Ponticelli (1998). Harrington ParkPress

This is a collection of qualitative, descriptive and narrative studies and articles by researchers who have tried to delve into and fully explore our collective experiences with health care both good and bad.

Editor Christy Porticelli has tried (successfully) to conceptualize the meaning of sexual invisibility- as applied to lesbian health- and our search for adequate health care. The collection of studies range from "Creating Awareness and Dialogue" (Portacelli, C. PhD, MA , MTS), to "Domestic Violence in Lesbian Relationships" (Scherzen, T. MSW) and "The Experiences of Lesbians of Color and Health Care Encounters" (Stevens, P. RN, PhD). But more importantly, the authors touched on the often times personal and difficult issues of coming out to the health care professional and the consequences of doing so.

Lesbians and health care is an oxymoron to more health care professionals than you and I could count. I feel that this is one book that should be on the required reading list of every medical school and nursing program.

(Review by Mary Turbiak RN.)

Woman's Health:Ambulatory Care

Louis Sonstegard, Karren Kowalski, Betty Jennings (1982) Sgrune& Stratton, Inc.

A womans heahth care book that includes a chapter entitled "Lesbian Health Care," by Margaret A. Holmes RN, M.S., a clinical specialist in Denver Colorado. It is difficult to describe the depth and respect Ms Holmes relates. She discusses self and the six core elements of the female role in American society. A historical overview includes lesbians that were famous, who existed and contributed to society. She, in a no nonsense voice, defines lesbianism ("there are and always have been homosexuals"--) and describes what they do sexually in bed ("what every woman can do for herself or with a male partner.") She charges "Health care delivery systems often eject from the bedside or emergency room the one person the lesbian would care most to see and from whom she would receive the most emotional support-her partner." Every sentence, every paragraph is filled with the same concise wisdom.

I often browse through nursing textbooks looking for the section that deals with homosexuality and lesbianism but it's not there. Neither do I find sexual orientation being mentioned in nursing text that deal with multiculturalism. The exception is Culture and Nursing Care: A Pocket Guide, where the authors made a point of including the interrelationship of homosexuals and their families in every culture presented, such care is rare.

If it was possible to drop Margaret Holmes's chapter in every nursing textbook and include a chapter on homosexuals as well, of course, we should ask for nothing more. The entire text is of the same high quality, but this chapter on lesbian healthcare, can't be beaten. We have applied for permission to reprint this so all the Lavender Lamps can enjoy this insightful, no nonsense approach. See membership application.

(Culture and Nursing Care: A Pocket Guide Juliene G. Lipson, Suzanne L. Dibble, Pamela A. Minarik (1996) UCSF Nursing Press)

Lesbians in Academia Degrees of freedom

(edited by Beth Mintz and Esther D. Rothblum(1997)Routledge)

"Out in the Heartland: Lesbians, Academics, and Iowa" is a chapter written by Michele J. Eliason, PhD, RN, which relates her experience as a professor at the University of Iowa College of Nursing. Those of you in the academic field often mention the isolation you experience and the fear. Read about how one of your colleges is managing to navigate this maze.

Dr. Eliason has also written Institutional Barriers to Health Care for Lesbian, Gay , and Bisexual Persons. She identifies causes of this discrimination, "explores how prejudices have become institutionalized, and offers viable solutions for real change." She has also had published an article in the Journal of Transcultural Nursing, Summer 1993 (Vol.5 No1), "Cultural Diversity in Nursing Care: The lesbian gay or bisexual client.".

Read the book; experience the reality of "coming out"in the academic world. Discover how others in this world navigate cultural bias and censorship, Lesbians in Academia - Degrees of freedom.

National Lesbian and Gay Nurses Association
The Lavender Lamps
Letters

I attended my first L.L. meeting in October with no anticipation. It had been quite a long time since I connected with a professional nursing organization, especially a lesbian and gay one. The group was intimate, Six total. Four of us were new, and I was the only male. But I didn't let it get me down, in fact the meeting was quite good as we discussed several topics, including a newly out woman's dilemma of just moving to NYC and no job. Afterwards we went for a drink-a good night.

However, I 'm still looking to connect with other gay male nurses in NYC. I know a once a month meeting combined with the erratic nursing schedule make it nearly impossible. But give a call and let's see what happens. Looking forward to hearing from you.

Best wishes
Brian Molenaar

March 11, 1996
Dear Phillis,

Some time ago, I found an address for y'all--Lavender Lamps I was and am thrilled about your organization. I cannot start a chapter in Mississippi because we are in the middle of a long-haul process with defending ourselves and our land. I've always dreamed of organizing nursing unions. Maybe I'll get to that one day.

Sister Spirit Incorporated is an all volunteer organization, even Brenda, as the Executive Director does not get paid. We are on sabbitical from college. We are eight courses away from our dessertations in education. We are trying to get back into college but we don't have the money for tutition. That's another story.

Lesbian health has been an issue for me for a long time. I asked researchers from the University of Southern Mississippi to do some baseline statistic gathering from our Gulf Coast Womyn's Festival community. The nurses that took on the study won awards nationally and in Denmark.

Mississippi is the poorest state in the nation. So I work mostly with poor sisters. Heart disease is the number one killer of women in the nation and in this state. Here I witness poor dykes with rotted out teeth, who begin to have mitral valve stenosis and other coronary problems that are secondary to their no access to dental care. I cannot find any funding so we do an on-going preventive care program. And for sisters who need their black teeth pulled and dentures, I can't find funding either. Many people don't know what it is like to be a Dyke who lives in poverty. I am also astounded by the number of dykes I know who are on Prozac or who self-medicate with alcohol and/or with illegal drugs. And we only get access to mammograms when the hospital has a once a year "special."One-by -one we help folks who come to us. We work hard to get funding but most of the time we are told, "we don't fund social services." Social justice begins with economic empowerment. Without proper health care we get to die, slowly. One day I hope you and I can get some time to talk together about all this.

I would love to be a member of your organization. The isolation for me, as a nurse living with a disability and also living OUT, OUT, OUT, is at times, hard to bear. My question is, can I be an out-of-state member?

Looking forward to hearing from you and to spending time with you at the 9th Gulf Coast Womyn"s Festival in 1997.

For Freedom and in Sweet Sister Spirit,
Wanda Henson, RN, BSN, M.Ed.

PS. Brenda and I received an award from the Uncommon Legacy Foundation in New York and we walked across the SAME stage --- the Town Hall Stage---that Margaret Sanger walked on. The herstory of that moment lingers with me. Most folks I talk'to don't get it. I am happy to share this with you. Nurses have always been at the forefront of change movements!! It's because we care.

(Several months ago, Wanda called asking if we had a logo, that could be duplicated. She knew of several lesbian nurses that felt isolated. If there was a way that we could devise a button or a sign for discrete recognition. I put this question to you dear reader, the triangle? the candle? a small rainbow ribbon? Please let us know your ideas.)

The 11th Gulf Coast Womyn's Festival will be at Camp Sister Spirit-Ovett, MS. March 1999. Phone/fax 601-344-1411 , e-mail at sisterspir@AOL.COM

Health Care Jam for LGBT Community in Queens

Congratulations to Neil Landreville, a nurse clinician at Elmhurst Hospital Center, Consuelo Celestine, President NYC Chapt. Lavender Lamps and John Azzali, head of Queens Lesbians and Gay's United, for their tremendous effort and very successful Health Care Jam. Prior to the event, LL was able to interviewNiel and Consuello.

LL-How did the Health Care Jam come about?

Consuelo- I saw this in the Bronx, I thought I would do this in Queens.

Neil-When I saw Consuelo, I met a kindred spirit. I always wanted to do this but I needed support.

LL-How do you envision this?

Consuelo- It will be a great day. We will provide information and workshops to members of our communityon different topics such as domestic violence, L/G spirituality, transgender and safe sex issues.

Neil- I took part in a health fair for G/L at Woodside by the people with Body Positive. I did a workshop on living wills. Given the way G/L have organized themselves in this boro, I felt this was an idea whose day had come. First political organization and then health issues. We start thinking about our own. We bring communities together to learn and support ourselves, to increase awareness and create a demand for services.

Consuelo- The response has been positive. The need has been here for a long time.

Neil-The response seems to touch a nerve in the community, to set a fire ready to burn.

The Jam was a big success, well attended, with good food and fine entertainment. There was a great deal of networking as well. LL was there, much thanks to Carol, who now has everyone doing either prostate or breast exams.

The Second Grassroots Nursing Vision Summit: The Dance Continues: Honoring our Wisdom, Diversity and Community

Starting Oct. 2, 7PM ending Oct. 4, 4PM 1998

The first summit was in response to the chaos nursing was experiencing. A chance to bring diverse groups and energies together in order to create a vision for the future. This second summit will be an opportunity to expand the vision and the commitment. The focus will be diversity and the richness of our contributions. There will be small and large group meetings as we explore emerging roles and new models of practice. Ways we can enrich our professional lives and opportunities for organizational co-partnering will be discussed. The importance of self care and mentorship development will be explored.

The Holistic Nurses are the energy behind this grassroots summit and they can really get that energy moving around. The Lavender Lamps hopes that you, the members of Lavender Lamps will join in this celebration of our diversity. All of us live in many layers of diversity, as we increase our awareness, we begin to celebrate ourselves. See you there.

Info: Omega Institute, 260 Lake Drive, Rinebeck, NY 12572-3212
Phone:914-266-4444 Fax:914-266-4828

Conferences

National Lesbian & Gay Health Conference and the 16th National AIDS/HIV Forum

Featuring an update from Geneva

July 25-29, 1998

Hyatt Regency in Embarcadero Center, San Francisco, California.

This multidisciplinary meeting features grassroots as well as institutional techniques to address L/G/B/T health care needs. These high energy, creative workshops and presentations allow for the opportunity to network and discover emerging trends. Find out how you can make a difference.CEU's are available. Call for info.(202-452-6500)

The 16th Annual Symposium of the Gay and Lesbian Medical Association

Prescriptions for living well-medicine's impact on the LGBT life cycle.

August 27-29, 1998,
Chicago Hilton and Towers
Call 415-255-4547/415-255-4784(Fax)

GLMA will be presenting achievement awards to Pat Stevens, RN,PhD, and Joanne Hall, RN,PhD "For pioneering efforts to establish lesbian health as a legitimate field of study and for the many improvements your work has made to the body of knowledge on lesbian health." Congratulations!

The United States Conference on AIDS Oct. 29-Nov. 1, 1998

Adam's Mark Hotel Dallas, Texas
Call: 202-483-6622

Sponsored by the National Minority AIDS Council featuring community base response, education and training, new partnerships and networking.

ASA's LGAIN

The American Society of Aging has formed the Lesbian and Gay Aging Issues Network. Their goals are to dispel myths and stenotypes, encourage research, provide links to create a greater awareness, and to work with communities, (paraphrased- theirs are better). Call 415-974-9600.

The Haworth Press, Inc./ The Harrington Park Press

One of the oldest and largest publishers of Lesbian and Gay books and journals, we encourage you to call then to get a copy of their catalog. At times. there are excellent books that are discounted, certainly there is a journal that you can't do without. Their latest publication Dry Bones Breathe, by Eric Rofes, is getting wonderful reviews everywhere. For a greater listing call-1-800-HAWORTH.

The Gay Friendly-Health Care Guide

Butterfly Press, 1234 Summer St., 4th Floor, Stamford, Ct. 06905-5510

Things you need to know--- questions you need to ask. Healthcare resources in Ct., NY, NJ, National , Gay friendly providers in LI, NYC,Rockland, and Westchester. And how to utilize them.

Finally, just what we have been looking for, compiled by two women in Ct.. who formed Butterfly Press to bring this wonderful directory to you.

Provincetown Swim

The swim for life is a 1.4 mile open water swim from the Lighthouse to the tip of Cape Cod, afterwards there is a brunch. This will be their 11th annual fundraiser for Provincetown AIDS organizations September 11, 1998.

Lavender Lamps is forming a swim/ cheerleader team. Call now for pledge sheets-718-933-1158 (speak slowly). We can wear team caps and cheer each other on. You have all summer to get those lap's in. See ya at the lighthouse. (Provincetown Harbor Swim for Life 508-487-3684, Fax *51)

Grants and Funding

The US Dept. of Health and Human Services is offering funding for a wide variety of nursing and health programs, such as RN Practitioner/ RN Midwife programs, faculty development, predoctoral training, nursing special projects, health education and training centers. There are many other programs listed. The deadlines are from 9/14/98-3/ 15/99. For more information: Dept of Health and Human Services, Health Resources and Services Administration, Grants Policy Branch, Room 13A-33, Rockville, Maryland 20857 or 1-888-333-HRSA. Ask for the preview, good luck.

The Pride Parade

Congratulations to those hearty souls who marched in the Gay and Lesbian Stonewall Pride March here in NYC and all over the country. (Here in NYC there was or will be one in every boro. The Bronx July 11th) Once again our banner got caught in transit, but ever resourceful nurses made one right there and proudly marched the entire length. Thanks, to Consuelo Celestine for her determination and the other fellow marchers. Wonderful Pride and Spirit.

Next year, will be the 30th celebration for the Stonewall March and .in commeration Lavender Lamps would like to create a float. A HUGE Nurses Cap surrounded by replicas of our caps or pins, that represent each of our members, with the rainbow flag, leading the way. We will be looking for nurses willing to wear their traditional school uniforms in celebration. A picture could be worth a thousand words. Yea, Lesbian and Gay Nurses!

It is important we begin this project now. Please send us a picture of your cap, and a cutout of the design and directions for assembly or send us your cap. You can pick it up after the parade. Pictures or stories about your cap or a large picture of your Pin will also be put on display.

If you would like to be on the float committee or if you have design proposals let us know. We are starting early and it should be great fun.

WEB SITE

Several of you, have mentioned networking on the computer. My MAC isn't quite up to that yet, so I am at loss to this technology. If you have such a site or if you know of one please let us know so that we might share this information with our readers. (There is so much information available with this modern fangled technology, I might have to hang up my quill pen.) The next newsletter, a smaller one, will be coming out in November. Your site can be included or if you are starting a group let us know so that you can be on our register.

Nat. Lesbian and Gay Nurses
Assoc.
208 West 13th St.
New York, New York 10011
Phone / Fax : (718) 933-1158

Dear Participant/ Lavender Lamp,

We are the National Lesbian and Gay Nurses Association, also called the Lavender Lamps. This organization started about four years ago. Our goals include outreach, education, and support, but despite good intentions, last year has been sort of a void . We had gone to several of the nursing conventions with the hope of gaining recognition for the group but after introducing the organization the attitude was "so what ?". The fact that lesbian and gay patients experienced discriminatory treatment was well documented and not an acceptable practice in nursing."So what did I want?" I found myself retreating with each rebuff. At the ANA convention, I had put the name of the organization on my application to make some kind of a statement to myself I guess, not knowing that it would appear below my name in bold type. It was interesting to watch the faces of those who read the name tag. How did being a lesbian matter when ultimately my performance was all that was important. My balloon deflated.

When an application from a university looking for researchers for a poster presentation appeared, a light bulb went on. "So what ?" became a challenge,by utilizing the research process we could define ourselves and our issues. I had read that "the amount of available affirmative research is inversely proportional to the extent of societal oppression toward a group of people". Research could not only prove our existence but also demonstrate that we have issues associated with being a lesbian or gay nurse. In order to convey our reality to others however, the experience had to first be described. You are invited to participate in the first of what we hope will be many research projects in order to become self actualized as an organization, as individuals, and as an effecter of change in our society.

A research study can be intimidating or create the illusion of trickery. It is important therefore, that you feel comfortable as we begin. Lavender Lamp meetings, letters and conversations have helped to design this study. We will be using the critical social theory which is based on the belief that in most societies patterns of domination inhibit personal growth, that certain facts are accepted and not questioned. Feminist research design uses the critical social theory method with the focus on gender inequality. The feminist method fosters a partnership rather than a subject/ researcher relationship. This creates a collaborative spirit toward discovery and change, a chance to "give voice" to our experiences. In the spirit of collaboration we will be sharing information about ourselves. We will tell you about the research study design, introduce ourselves, and invite you to relate narratives that pertain to your career. The research proposal might not be accepted for a poster display but the experience of collaborating in an endeavor to define ourselves will be reward enough. You can be certain to read all about it in *The Lavender Lamp*. The project will be complete only when it is shared with you. Please feel free to invite other lesbian and gay nurses to participate. Your comments or suggestions are welcome. Thank you for participating in this study, with your help we are bound for success.

Lesbian and Gay Nurses Research Study
"Adaptation in Lesbian and Gay Nurses Professional Behavior"
Introduction Sheet

We have chosen to do this study because situations that were similar but with different outcomes were shared at Lavender Lamp meetings or in conversations with lesbian or gay nurses. Whether a nurse was "in" or "out" at work was a frequently cited variable. This lead us to wonder to what extent did these differences existed and if the degree of being"in" or "out of the closet" was a factor.

The study is titled "Adaptation in Lesbian and Gay Nurses Professional Behavior". This study is designed to determine if a nurse's status of being "in" or "out" at work affects professional behavior. A "closeted" nurse for example, may find it difficult to care for a lesbian or gay patient or may tolerate co-workers comments for fear of discovery and reprisal. There is a scale included to place you in terms of being "in" or "out". You will be asked to write narratives that relate to your experiences at work involving patients, co-workers or management. A brief statement of your general sense of being a lesbian or gay nurse will be requested.

We will be observing for certain patterns or themes that describe modes of adaptive behavior using Roy's Adaptation Model . This will be correlated with the degree being "in"or "out". King's Theory of Goal Attainment examines the self disclosure to patients question. Values and ethics statements will identify elements that might influence your experience. Background information will be requested such as age, religion or educational background. This information is outside of this study. It would be difficult to determine a representative sample at this time, analysis might be skewed inferring erroneous relationships or conclusions. The information we receive will be shared. The data is yours and may lead to other studies.

The investigators are:

Marge- I have been a nurse for 26 years, primarily in the ICU and involved in the community for 15 years. I have always been aware of my orientation although I have been closeted for most of my professional life. I started the Lavender Lamps to deal with my own feelings of isolation as a lesbian nurse. My belief in the importance of Lavender Lamps placed me in a position where I had to actively "out" myself. I find it is easier to come out with each experience, the me is beginning to emerge. This has allowed closer, more open friendships. I am amazed by how my behavior was affected by being in the closet, behavior I didn't even realize was caused by my internalized feelings.

Mary- I have been an "out" lesbian all my professional life, working in the ICU since graduation in 1975, so I have a hard time realizing how difficult it can be/ is for others who are not out professionally. If I think that it is important to disclose my identity to my patients, I will especially if they or a family member is gay.

Olivia- I have been a lesbian all my life. The last four years, I have been out to my intimate associates and family. I am not "out" professionally while working in a variety of settings including teaching and nursing administration. The last four years have felt freer to me as the stress with those that I love and those who love me was eliminated, which enabled me to cope with stress in the workplace. Friends and relatives are very supportive and this provides me with an oasis. My beliefs and values have enabled me to be an advocate to all patients regardless of sexual preference.

Phyllis- I have been pushed both "in" and "out". I feel I am turning my back against my community because I have been burnt at two employments. They don't fire you because you are queer but they make your life difficult. Presently, I am in my own business and I tread very carefully so I don't lose my business. I feel being out is important but I am fearful.

We invite you to answer the following questionnaire. The best way to complete the study is to just grab a pencil and start writing. Trust your intuition to identify issues that are important to you. Write on the back of the pages or add pages if you wish. Feel free to make copies to pass on to other lesbian or gay nurses. Confidentially is respected and considered important in this type of study. We have included a permission form to ask if you would like to share your experiences with others. Identifying information would be blinded in presentations. This form is separate to assure that all responses are treated with confidentiallty. We are under some time constraints, posters and presentations require preparation, so we are hoping for a rapid turn around. *Please join us and take your space as a Lavender Lamp. We thank you.*

Lesbian and Gay Nurses Research Study Adaption in Lesbian and Gay Nurses Professional Behavior

Part 1: Background Information.

1.No. of years as nurse _____
2.Training/ educational experience_____
3.Area of specialty_____
4.Status or title_____
5.Sex _____
6.Religion_____
7.Geographical location_____
8.No. years L/G orientation_____
9.Involvement in L/G community_____
10.Married_____
11.Children_____Out to them?_____
12.Factors that you feel affect you in your community_____
13.Factors at work_____
14.Domestic partnership benefits available_____
15.Family medical leave_____
16.Is multiculturalism addressed_____
17.Sexual harassment programs available_____
18.Is this a second career_____
19.Is nursing more or less homophobic than 18._____
20.Out to family?_____

Part 2: Narratives

Relate five situations at work that relate to your being a lesbian or gay nurse. Include situations that involved patients, co-workers or management. We are interested in how you felt and how you responded.

Part 3: Perspective transformation

Perspective transformation is a theory that describes the process that occurs during adult learning, for example, the transitional stages during the incorporation of a conceptual framework. The scale in this study is being used to describe the progression from being "in" to being "out of the closet". This is not to determine how many co-workers you are out to, but rather your perception of your personal development. No matter where you are it is the right place for you, there are no right answers.

Perspective transformation scale

Please circle the choice that best describes your position.

1. **Stability**-- No conflict or stress "in"
2. **Dissonance**-- Conflict between self concept/ role as heterosexual or lesbian/ gay identity
3. **Confusion**-- Fear, anger, sense of loss, a grieving process.
4. **Uncertainty**-- Not personal creation but societal construct
5. **Saturation**-- Gaining information until "need to move on"
6. **Synthesis**-- Incorporating meaning--"coming out" as exploration.
7. **Resolution**-- Conflict resolved, self concept/ role satisfied.
8. **Reconceptualization**-- New meaning incorporated into being
9. **Stability**-- No conflict or stress "out"

Part 4: Values and ethics

Your narratives may have included professional values or ethics decisions. Please address each story and discuss your feelings or actions.

Part 5: Interaction with patients

Imogene King in her "Theory of Goal Attainment" identifies assumptions about nurse- client interactions:

(1) The perceptions, goals, needs and values of the nurse and client influence the interactive process.

(2) Health professionals have a responsibility to share information that can help individuals make informed decisions about health care.

(3) Health professionals have a responsibility to gather relevant information about the perceptions of the client so that their goals and the goals of the client are congruent.

Do you feel that a health care worker should come out to a patient? Do you think that questions that explore a patients sexuality should be pursued?

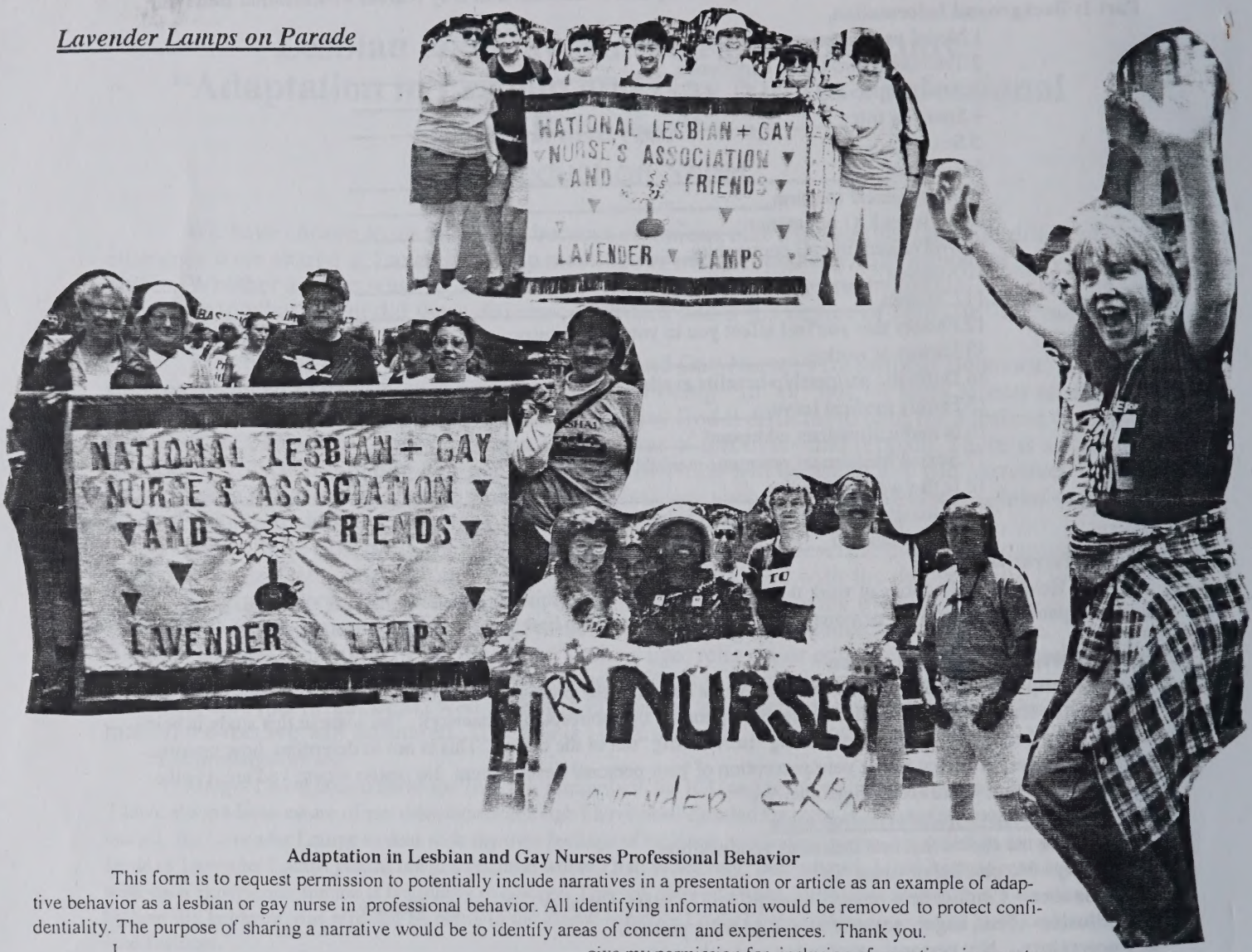
Part 6:Global statement

Briefly write a statement that describes your experience as a lesbian or gay nurse.

Thank you for participating.

Return to: The Nat. Lesbian and Gay Nurses Assoc.
208 West 13th Street
NY, NY. 10011

Lavender Lamps on Parade



Adaptation in Lesbian and Gay Nurses Professional Behavior

This form is to request permission to potentially include narratives in a presentation or article as an example of adaptive behavior as a lesbian or gay nurse in professional behavior. All identifying information would be removed to protect confidentiality. The purpose of sharing a narrative would be to identify areas of concern and experiences. Thank you.

I, _____ give my permission for inclusion of narratives in a poster or presentation or article that addresses findings of this study. I have been assured that all care will be taken to protect my identity. I have chosen these seven letters or numbers to be my code name on the study __ __ __ __ __ __ __.

Membership Application

Name_____
Address_____
_____
_____
Telephone_____
Fax_____
E-Mail_____
Webb_____

Would you like your name released to a local chapter knowing the names is not to be released to any other group or individual?_____

Would you like us to contact you?_____Time_____

Do you have ideas that we can present to our membership? _____

Have you written an article or book? Would you like to submit a summary for our readers?_____

Would you submit research findings, studies or proposals concerning L/G/B/T for The Lavender Lamp._____

Would you like to network on research projects?_____
_____

Would you like to start a chapter? If so send us your name, your LL Chapter name and how members can get in touch with you. We will work with you to help develop your chapter. _____
_____

Can you help us with a float design? _____

If you have a chapter could you submit a report of events for our members_____
_____

Membership $13/yr - $20/2 yrs. Join now and receive a free copy of Margaret Holmes chapter on"Lesbian Health." Lavender Lamps will be printed 2x year, next issue November 1998.

Make checks out: Margaret Miller
Stipulate- Lavender Lamps Account on the bottom.
Address: Lavender Lamps
208 West 13th Street
NY, NY 10011.

Thank you for your support.
Be sure to fill out slip for permission or not .